## CLAIMS ONLY

| Application Number | Filing Date |
|---|---|
| 10828812 | 4-21-04 |

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
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| 45 | 1 | | | | | |
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| 49 | | | | | | |
| 50 | | | | | | |
| Total Indep | 2 | | | | | |
| Total Depend | | | | | | |
| Total Claims | 2 | | | | | |

| | Indep | Depend | Indep | Depend | Indep | Depend |
|---|---|---|---|---|---|---|
| 51 | | | | | | |
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| 100 | | | | | | |
| Total Indep | 5 | | 1 | | | |
| Total Depend | 67 | | 0 | | | |
| Total Claims | 72 | | 1 | | | |